11550

MARYLAND 11561

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 15

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Bel Air
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 3V01-4
STREET ADDRESS (If rural, give location) 2809 Montebello Terrace

3. NAME OF DECEASED (Type or Print): (First) ELINORE (Middle) ELEANOR G. (Last) AMOSS
4. DATE OF DEATH: (Month) Dec (Day) 10 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	W	Widowed	July 8-1874	80 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Harford Co- Md
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: James A Walters
14. MOTHER'S MAIDEN NAME: Annie Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mr. James P. Amoss 2809 Montebello Terrace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490x **Immediate cause** (a) HYPOSTATIC LOBAR PNEUMONIA — Interval between onset and death: 48 hr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chr. Cardio-Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 1, 1951, to Dec. 10, 1954, that I last saw the deceased alive on Dec 9, 1954, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard P. Hudson, M.D. ADDRESS Forest Hill Md DATE SIGNED 12/4/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-13-54	Friendship Mem.	Fallston Md

DATE REC'D BY LOCAL REG. 12-13-54 | REGISTRAR'S SIGNATURE | FUNERAL DIRECTOR | ADDRESS

Leonard J. Ruck 5305 Harford

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11551

11549

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 712 S. Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 712 S. Washington St.

3. NAME OF DECEASED: (Type or Print) (First) Sadie (Middle) Kate (Last) Barnes

4. DATE OF DEATH: (Month) Dec. (Day) 17 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH: Sept. 21, 1864

9. AGE last birthday 90 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Harford Co., Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Nicholas Gilbert

14. MOTHER'S MAIDEN NAME: Kate Courtney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Samuel E. Barnes 712 S. Washington St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 422.1 (A) Chronic Myocarditis (Failure)

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO arterio Sclerosis
(C) Senility

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-4, 1946 to 12-17, 1954, that I last saw the deceased alive on 12-16, 1954, and that death occurred at 8:30 AM, from the causes and on the date stated above.
SIGNATURE A. L. Lewis M.D. ADDRESS Havre de Grace, Md. DATE SIGNED 12/18/54
M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Dec. 19 1954
NAME OF CEMETERY OR CREMATORY Angel Hill
LOCATION (City, town, or county) Havre de Grace (State) Md.

DATE REC'D BY LOCAL REGISTRAR DEC 20. 19-1954
REGISTRAR'S SIGNATURE A. L. Lewis M. D.

24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Havre de Grace Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 23 1954
BUREAU V. S.

11552

11565

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Harford — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Abingdon — LENGTH OF STAY (in this place): 2 mos.,	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Joppa
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alice	M	Baumgart	12	25	54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	Widowed	June, 15, 1871	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	none	Joppa, Harford Co., Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Johnson	Julia Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	George C. Baumgart, Abingdon, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Senility	3 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Compound fracture wrist	4 weeks
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
✓	home			

TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			Fell at home

22. I hereby certify that I attended the deceased from 12-17, 1954, to 12-25, 1954, that I last saw the deceased alive on 12-25, 1954, and that death occurred at 5.30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Fred O Hodous	M.D.	Edgewood Md	12-26-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec. 28, 1954	Cokesbury Memorial	Abingdon, Harford,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 30, 1954	Norma F. Moore Deputy Registrar	Howard K. Mc Comas & Son	Abingdon, Md.

RECEIVED
JAN 3 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11566

Reg. Dist. No. 1158

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY (In this place)
TOWN Havre de Grace Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town)
TOWN Havre de Grace, Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) L. (Last) Briney

4. DATE OF DEATH: (Month) Dec (Day) 16, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify) Married

8. DATE OF BIRTH: Feb 7, 1871

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done most of working life, even if retired: Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Dairy

11. BIRTHPLACE (State or foreign country): Harford Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Briney

14. MOTHER'S MAIDEN NAME: Ruth A. Baldwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: No

17. INFORMANT & ADDRESS: Mrs Howard Briney Havre de Grace Md RD

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
422.1 Immediate cause	(a) Cerebral Hemorrhage	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebral Aneurysm	5 days
	DUE TO (c) Arteriosclerotic C-V Disease	8 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1942 to Dec, 1954, that I last saw the deceased alive on Dec 16, 1954, and that death occurred at 12:58 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) J. Ralph Hoke M.D. ADDRESS Churchville Md DATE SIGNED Dec 17

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec. 19, 1954 NAME OF CEMETERY OR CREMATORY Rock Run Cem LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR Dec 19, 1954 REGISTRAR'S SIGNATURE Bertha B. Knight

24. FUNERAL DIRECTOR H. S. Bailey ADDRESS Darlington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 27 1954
BUREAU V. S.

11554

11567

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyde Md.; MARYLAND; LENGTH OF STAY (in this place) 50 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockrd; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Cora	B.	Corbin	Dec.	19	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
F.	W.	married	Sept 4 - 1894	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Harford Co Md.	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaiah Guyton	Clara L. Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	-	Mrs. Stanley Appel Joppa Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Cerebral Hemorrhage	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Hypertensive Cardiovascular Dis.	5 yrs.
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
			m.			

22. I hereby certify that I attended the deceased from Sept. 11, 1952 to 12/19, 1954 that I last saw the deceased alive on 12/19, 1954, and that death occurred at 12:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clifford F. Hudson, M.D. Fork Md. 12/21/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 22-54	Union Chapel	Joppa Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12-21-54	Priscilla Fawood	C. E. Arthur Fork Md

VS. A15

RECEIVED
DEC 23 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11555

11550 **CERTIFICATE OF DEATH** Reg. Dist. No. 181

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen Rural
STREET ADDRESS (If rural give location) Paradise Road.

3. NAME OF DECEASED: (Type or Print) (First) Fannie (Middle) B. (Last) Prowire

4. DATE OF DEATH: (Month) 12 (Day) 15 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: Oct. 14- 1856 | 9. AGE last birthday 98 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper | 10B. KIND OF BUSINESS OR INDUSTRY: Home. | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamine F. Prowire | 14. MOTHER'S MAIDEN NAME: Elizabeth A. Pountney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT & ADDRESS: Florence H. Prowire, Aberdeen Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Respiratory failure — Terminal

ANTECEDENT CAUSE (S) DUE TO (B) Circulatory failure — Terminal

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Extreme age plus Acute U.R.I. — 5 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. (Age 98 years!!)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19..., to 12-15-, 1954, that I last saw the deceased alive on 12-13- ....., 1954, and that death occurred at 12:00 Noon M., from the causes and on the date stated above.
SIGNATURE M.D. ADDRESS DATE SIGNED 12-16-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12/17/54 | NAME OF CEMETERY OR CREMATORY Grove Presbyterian | LOCATION (City, town, or county) (State) Aberdeen Maryland.

DATE REC'D BY LOCAL REGISTRAR Dec. 17-54 | REGISTRAR'S SIGNATURE Millie Q. Perry | 24. FUNERAL DIRECTOR John T. Darring | ADDRESS Aberdeen Md.

Items 18&21 Film G175 1-7-55 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11556

CERTIFICATE OF DEATH

11568

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY HARFORD
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD CONVALESCING HOME, RFD BEL AIR, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL KALMIA
STREET ADDRESS (If rural give location) RFD #1 BEL AIR, Md.

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) (Last) DANCE

4. DATE OF DEATH: (Month) DECEMBER (Day) 5 (Year) 19 54

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 26 186[illegible]

9. AGE last birthday: 98 yrs. IF UNDER 1 YEAR Month Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework at Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: Walton Nursing Home Bel-Air, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DEBILITY AND SHOCK — Interval Between Onset And Death: 7 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

DUE TO (b) FRACTURE RT. HIP — 7 to 10 DAYS

DUE TO (c) SENILITY, Hypertensive Cardiovascular Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. BLIND

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Conv. Home

(CITY OR TOWN) Bel Air, RFD

(COUNTY)

(STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 11-29-54 m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? Slipped and fell getting from bed to rocking chair near side of bed.

22. I hereby certify that I attended the deceased from Nov. 22, 19 54, to Dec 5, 19 54, that I last saw the deceased alive on Dec 3, 19 54, and that death occurred at 12 Noon, from the causes and on the date stated above.

SIGNATURE (Degree or title) Philip W. Hueman M.D

ADDRESS 307 Hickory, Bel Air Md

DATE SIGNED December 5, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Dec 8, 1954

NAME OF CEMETERY OR CREMATORY Mountain Cem

LOCATION (City, town, or county) Harford Co.

(State) Md.

DATE REC'D BY LOCAL REGISTRAR Dec 7, 1954

REGISTRAR'S SIGNATURE Priscilla Howard

24. FUNERAL DIRECTOR ADDRESS H. D. Bailey Darlington, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

11557

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11551

Reg. Dist. No. 185

1. PLACE OF DEATH: County Harford — Maryland — Maryland
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Havre de Grace
LENGTH OF STAY (in this place): 42 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland — Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural give location): 619 Revolution

3. NAME OF DECEASED: (First) George (Middle) F. (Last) Daugherty
4. DATE OF DEATH: (Month) 12 (Day) 7 (Year) 1954 19

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 9/23/1874
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months 3 Days 14 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Orderly
10B. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (State or foreign country): Harford Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Chambus
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-16-9842
17. INFORMANT & ADDRESS: Jennie Lee Daugherty, 619 Revolution, Havre de Grace, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Dilatation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) DUE TO (B) Chronic Myocarditis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Hypostatic Pneumonia

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/7 ..., 1933 to 12-7, 1954 that I last saw the deceased alive on 12-5, 1954, and that death occurred at 1140 M, from the causes and on the date stated above.
SIGNATURE C. L. Lewis M.D. ADDRESS 1104 Pennington Ave. DATE SIGNED 12-9-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 12/10/54
NAME OF CEMETERY OR CREMATORY: Pennington
LOCATION (City, town, or county) (State): Near Level, Md.

DATE REC'D BY LOCAL REGISTRAR: Dec. 9-1954
REGISTRAR'S SIGNATURE: C. L. Lewis M. D.
24. FUNERAL DIRECTOR: Pennington & Son
ADDRESS: Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
DEC 1[illegible]
BUREAU V. S.

MARYLAND

11552

11558

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH
COUNTY Harford | MARYLAND
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Bel-Air Rural | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION Walter Nursing Home
STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Dublin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Sue (Middle) (Last) Deckman

4. DATE OF DEATH: (Month) December (Day) 19 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify which): Widow

8. DATE OF BIRTH: Sept 22 1870

9. AGE last birthday: 84 yrs. | If under 1 year: Months. | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Harford Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm T. Adams

14. MOTHER'S MAIDEN NAME: Josephine Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wm. McGuigan Level Md Rural

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic CV disease | Interval between Onset and Death: 2 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT (Specify) / SUICIDE / HOMICIDE | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 19 54, to Dec 1, 19 54, that I last saw the deceased alive on Dec 18, 19 54, and that death occurred at 10 4 m., from the causes and on the date stated above.

SIGNATURE Ernest C Fox (Degree or title) MD ADDRESS Bel Air Md. DATE SIGNED 12/9/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Dec 22 1954 | NAME OF CEMETERY OR CREMATORY Dublin Cem | LOCATION (City, town, or county) Harford Co Md, (State)

DATE REC'D BY LOCAL REG. Dec 21, 54 | REGISTRAR'S SIGNATURE Priscilla Forwood

24. FUNERAL DIRECTOR H. L. Bailey | ADDRESS Darlington Md

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11559

11569 CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Harford — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) Aberdeen — LENGTH OF STAY (in this place) 4 Months

HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Army Hospital Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Pennsylvania — COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Schwenksville

STREET ADDRESS (If rural give location) 2nd Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
JUDITH	ANN	GARGES	Dec.	20	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Single	Aug 21, 1954		4			

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None		Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Earl Henry Garges	Ada June Kraft

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Earl H. Garges 2nd St, Schwenksville, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

750X

Immediate cause — (a) Multiple Congenital Defects — DUE TO — 4 Months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) 1. Anencephalia 2. Meningocele and — DUE TO

(c) Luckenschaedel Syndrome

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug 21, 1954, to Dec 20, 1954, that I last saw the deceased alive on Dec 20, 1954, and that death occurred at 7:55 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) Milton Snyder Capt MC — ADDRESS 251-1 USAH APG Md — DATE SIGNED 20 Dec 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or County) (State)
Burial	12/24/54	Schwenksville Cemetery	Schwenksville, Mont. Co. Penna.

DATE REC'D BY LOCAL REGISTRAR: Dec 24-54 — REGISTRAR'S SIGNATURE: Nellie R. Perry

24. FUNERAL DIRECTOR — ADDRESS: John T. Tarring Aberdeen Md.

2084201406

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11560

Replacement cer: S 11553 Film G175 12-20-54

CERTIFICATE OF DEATH

Reg. Dist. No. 1835

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace
LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mass. COUNTY Barnstable
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 120 School St- 58X-3
STREET ADDRESS (If rural give location) Braintree Mass.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Wilson (Last) Gitt

4. DATE OF DEATH: (Month) Dec. (Day) 8 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug. 26, 1882
9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pattern Maker
10B. KIND OF BUSINESS OR INDUSTRY: Pattern Shops
11. BIRTHPLACE (State or foreign country): Scotland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME: George Gitt
14. MOTHER'S MAIDEN NAME: Janet Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT & ADDRESS: 120 School St. Janet Neil Gitt Braintree, Mass.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (B) DUE TO Cerebral Thrombosis — 4 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Arteriosclerotic Cardiovascular Disease — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 5, 1954, to Dec. 8, 1954, that I last saw the deceased alive on Dec 8, 1954, and that death occurred at 2:10 P. M, from the causes and on the date stated above.

SIGNATURE Frederick J Hatem M. D. ADDRESS 17 N. Sheila Blvd. Aberdeen Md DATE SIGNED 12/10/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF Dec. 12, 1954
NAME OF CEMETERY OR CREMATORY Sagamore Cemetery
LOCATION (City, town, or county) (State) Barnstable Co. Mass.

DATE REC'D BY LOCAL REGISTRAR Dec 9-1954
REGISTRAR'S SIGNATURE J. Lewis M D
24. FUNERAL DIRECTOR R. Madison Mitchell
ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12:57

CERTIFICATE OF DEATH

11570

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) Near Darlington LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS At Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace 24 R.D.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Neva (Middle) Jo (Last) Gilley

4. DATE OF DEATH: (Month) Dec (Day) 20 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Single

8. DATE OF BIRTH: Aug 14 1954

9. AGE last birthday: IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.: 4 yrs. 6

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Grove Penna

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: James H Gilley

14. MOTHER'S MAIDEN NAME: Wave Faircloth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: James H Gilley Havre de Grace R.D.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital Deficiency

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Convulsive Seizures

DUE TO (c)

Interval Between Onset And Death

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 19 54 to Dec 20 54, that I last saw the deceased alive on Dec 19 54 and that death occurred at 6 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

F.B. Robinson M.D. Oxford Penna 12/21/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, Town, or county) (State) ADDRESS

Burial Dec. 22 1954 Dublin Meth Cem Harford Co. Md.

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

Dec. 24, 1954 C.W. Kirk H.S. Bailey

Darlington, Md.

9V8499V99V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11571

Reg. Dist. No. 11595/

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Churchville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Level Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Churchville
STREET ADDRESS (If rural give location) Level Road.

3. NAME OF DECEASED: (Type or Print) (First) Fannie (Middle) Marsh (Last) Gray

4. DATE OF DEATH: (Month) Dec (Day) 30 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Dec 15th 1868

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H. Marsh

14. MOTHER'S MAIDEN NAME: Sarah Kirk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Mrs A. Vairs Mace - Wash. D. C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardio-respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (S) DUE TO (B) advanced arteriosclerosis — 2 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr, 1950 to 21 Dec, 1954, that I last saw the deceased alive on 28 Dec, 1954, and that death occurred at 8:15 AM, from the causes and on the date stated above.

SIGNATURE A. P. Sidwell M.D. ADDRESS Bel Air, Md. DATE SIGNED 31 Dec 54

M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Jan 1-1955 — NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery — LOCATION (City, town, or county) (State): Baltimore Maryland

DATE REC'D BY LOCAL REGISTRAR: Dec. 31-1954 — REGISTRAR'S SIGNATURE: Nellie L Berry

24. FUNERAL DIRECTOR: John T. Tarring — ADDRESS: Aberdeen Md.

RECEIVED
JAN 4 1955
BUREAU V. S.

11562

MARYLAND STATE DEPARTMENT OF HEALTH

11554

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE
LENGTH OF STAY (in this place) 14 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL HAVRE de GRACE
STREET ADDRESS (If rural, give location) RD # 1

3. NAME OF DECEASED (Type or Print) (First) LARUE (Middle) (Last) JEFFERSON

4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 20, 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
MALE	Colored	Single	8-3-54	yrs.	4	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant		TEXAS	U.S.A.

13. FATHER'S NAME HARLEE JEFFERSON

14. MOTHER'S MAIDEN NAME THELMA EVANS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. Thelma Jefferson - R.F.D. #1 Havre de Grace Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute Infectious Gastroenterocolitis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c) Pneumonitis & Possible Bacteremia	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg. etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 16, 1954, to Dec. 20, 1954, that I last saw the deceased alive on Dec. 20, 1954, and that death occurred at 1:35 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
George T. Stansbury, M.D.	569 Revolution St. Havre de Grace, Md.	12/20/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-22-54	Union Methodist Cemetery	Aberdeen, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-20-1954	M. L. Lewis - M D	Ethel J. Bullock	Havre de Grace Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11563

11555 **CERTIFICATE OF DEATH** Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Balto. St. Extended

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) aberdeen
STREET ADDRESS (If rural give location) Balto Street Extended.

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) Henry (Last) Kapp

4. DATE OF DEATH: (Month) Dec (Day) 23 (Year) 1954.

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married | 8. DATE OF BIRTH: aug 1st. 1880 | 9. AGE last birthday 74 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter | 10B. KIND OF BUSINESS OR INDUSTRY: Carpentering | 11. BIRTHPLACE (State or foreign country): Ohio | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. Kapp | 14. MOTHER'S MAIDEN NAME: Laura Schaeffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 220-07-9488 | 17. INFORMANT & ADDRESS: Mrs Albert H. Kapp - aberdeen md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerotic Heart Disease — 1 yr.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma, left orbit — 3 yr.

19A. DATE OF OPERATION: None | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from — , 1949 to 12-23-, 1954, that I last saw the deceased alive on 12-16-, 1954, and that death occurred at 2:00 P.M. from the causes and on the date stated above.
SIGNATURE Walter W. Hofmann, M.D., M.D. ADDRESS Aberdeen, Md. DATE SIGNED 12-24-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Dec 26-54 | NAME OF CEMETERY OR CREMATORY St. Pauls Lutheran | LOCATION (City, town, or county) (State) aberdeen, Maryland

DATE REC'D BY LOCAL REGISTRAR Dec. 26-54 | REGISTRAR'S SIGNATURE Nellie R. Perry | 24. FUNERAL DIRECTOR John G. Barrick | ADDRESS aberdeen md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11572

11564

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 82

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Street
LENGTH OF STAY (in this place) 1 HR.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. #2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cardiff
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Grant (Middle) Sylvester (Last) Kauffman

4. DATE OF DEATH: (Month) December (Day) 27 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Sept. 21, 1889

9. AGE last birthday: 65 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Carlisle, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Kauffman

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ---

17. INFORMANT & ADDRESS: Margaret Kauffman, Cardiff, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Fracture Cervicle Vertebra DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO (c) .....

INTERVAL BETWEEN ONSET AND DEATH: —

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Fracture both bones both legs

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY 45 Ponta

21c. (City or town) Street (County) Harford (State) Md

21d. TIME OF INJURY (Month) 12 (Day) 27 (Year) 54 (Hour) 8P M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Auto accident, auto-pedestrian type

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D.

~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ☒ ~~ASSISTANT MEDICAL EXAM.~~ ☐

DATE SIGNED 12/27/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 12-30-54

NAME OF CEMETERY OR CREMATORY Slate Ridge

LOCATION (City, town, or county) Delta (State) Pa.

DATE REC'D BY LOCAL REG. 12-28-54

REGISTRAR'S SIGNATURE Priscilla Townsend

24. FUNERAL DIRECTOR ADDRESS: John H. Harkins, Delta, Pa.

VS. A15A - 5 - 53

11565

MARYLAND

STATE DEPARTMETT OF HEALTH

11573

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town)
OR TOWN Bel Air Rural
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION
STREET ADDRESS Walter Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town)
OR TOWN Edgewood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Kirkendall

4. DATE OF DEATH (Month) (Day) (Year) December 19 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH Sept. 6 1883

9. AGE last birthday 71 yrs. | If under 1 year Months | Days | If under 24 hrs Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 218-18-3637

17. INFORMANT AND ADDRESS W. E. Kirk Edgewood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic CV disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 5, 1954, to Dec 19 1954, that I last saw the deceased alive on Dec 18, 1954, and that death occurred at 4A m., from the causes and on the date stated above.

SIGNATURE Lloyd C Palmer (Degree or title) M.D. ADDRESS Bel Air Md. DATE SIGNED 12/19/1954

23. BURIAL, CREMATION, REMOVAL (Specify) DATE Burial Dec. 23 1954

NAME OF CEMETERY OR CREMATORY Darlington Cem.

LOCATION (City, town, or county) Harford Co. Md.

(State)

DATE REC'D BY LOCAL REG. Dec 23 1954

REGISTRAR'S SIGNATURE Priscilla Fawcett

24. FUNERAL DIRECTOR H. R. Bailey

ADDRESS Darlington, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12658

CERTIFICATE OF DEATH

11574

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Bel Air
LENGTH OF STAY (in this place) Approx 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Convalescent Home, RFD #1 Bel Air

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Darlington Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) (Last) Lamb

4. DATE OF DEATH: (Month) December (Day) 29 (Year) 19 54

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: 1866 | 9. AGE last birthday: 88 yrs. | IF UNDER 1 YEAR Month Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework | 10b. KIND OF BUSINESS OR INDUSTRY: at Home | 11. BIRTHPLACE (State or foreign country): Harford Co Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Lamb | 14. MOTHER'S MAIDEN NAME: Jeanette Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: No | 17. INFORMANT & ADDRESS: Garner Lamb Darlington Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO General Debility, Failure to Eat — Interval Between Onset And Death: one week

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Arteria-sclerosis, senility

(c) Bed ridden for several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. ,1954 to Dec 29 1954, that I last saw the deceased alive on Dec 28, 1954 and that death occurred at 4:00 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Philip W. Hueman M.D. | ADDRESS Bel Air Md | DATE SIGNED 30 Dec 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Jan 3 1954 | NAME OF CEMETERY OR CREMATORY Harkrom Cem | LOCATION (City, Town, or county) Harford Co Md (State)

DATE REC'D BY LOCAL REGISTRAR Jan 1, 1955 | REGISTRAR'S SIGNATURE Priscilla Fawcett

24. FUNERAL DIRECTOR H. O. Bailey | ADDRESS Darlington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11556

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11566

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre-de-Grace | LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen - Mother
STREET ADDRESS (If rural, give location) Edmund St. address

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy. (Last) La Rue
4. DATE OF DEATH: (Month) 12 (Day) 8 (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Unborn
8. DATE OF BIRTH: 12-6-54
9. AGE last birthday: 3 days
If under 1 year: Months | Days | If under 24 hrs.: Hours 50 | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [redacted]
10b. KIND OF BUSINESS OR IND[redacted]
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Franklin Bigger
14. MOTHER'S MAIDEN NAME: Mary Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of [redacted]ice)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mother Mary LaRue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Atelectasis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/6, 1954, to 12/8, 1954, that I last saw the deceased alive on 12/8, 1954, and that death occurred at 9.55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
George T. Hansbury M.D. | Havre de Grace, Md. | 12/10/54

23. BURIAL, CREMATION / REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
Burial | 12-11-54 | St James Cemetery | Havre de Grace Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS
Dec. 11-1954 | A. L. Lewis M.D. | Otis J. Sudduth - Havre de Grace

21V42M576

DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11567

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: 11575

COUNTY Harford — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Aberdeen

LENGTH OF STAY (in this place): 6 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Harford

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Aberdeen

STREET ADDRESS (If rural give location): Aldino, Maryland

3. NAME OF DECEASED: (First) Thomas (Middle) Alexander (Last) McClintock

4. DATE OF DEATH: (Month) December (Day) 4, (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	June 10, 1880	74 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Engineer	Stationary Engineer	Ireland	U. S. A.

13. FATHER'S NAME: Thomas McClintock

14. MOTHER'S MAIDEN NAME: Margaret Corbett

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		164-03-5053	H. Allendorfer Oxford, Pa. R.D.#1

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause — (a) DUE TO: Coronary Occlusion

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) DUE TO: Chronic Cardio Vascular

(c): Disease

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 3, 1932, to Dec 4 1954 that I last saw the deceased alive on 12-4-54, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE: A. Lewis MD (Degree or title) — ADDRESS: Glen Arm Md. — DATE SIGNED: 12-5-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 7, 1954 — NAME OF CEMETERY OR CREMATORY: West Pikeland Cem. — LOCATION (City, Town, or County) (State): Chester Springs Pa.

DATE REC'D BY LOCAL REGISTRAR: 12-5-54 — REGISTRAR'S SIGNATURE: A. Lewis MD

24. FUNERAL DIRECTOR: J. E. Tyson. — ADDRESS: Rising Sun, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11568

11557 CERTIFICATE OF DEATH

Reg. Dist. No. 18 1

1. PLACE OF DEATH
COUNTY Harford. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 103 S. Rogers St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN aberdeen
STREET ADDRESS (If rural, give location) 103 S. Rogers St.

3. NAME OF DECEASED: (Type or Print) (First) Lillie (Middle) M. (Last) Mitchell

4. DATE OF DEATH: (Month) Dec. (Day) 22 (Year) 19 54.

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Aug. 11th. 1883 | 9. AGE last birthday: 71 yrs | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cyrus H. Courtney | 14. MOTHER'S MAIDEN NAME: Annie Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Miss Dorthy V. Mitchell - aberdeen md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) ACUTE PULMONARY EDEMA	½ hour
ANTECEDENT CAUSE (S) DUE TO	(B) CARDIAC DECOMPENSATION	2 YEARS
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C) ARTERIOSCLEROTIC HEART DISEASE	5 YEARS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT 1, 1954, to DEC. 22, 1954, that I last saw the deceased alive on DEC. 14, 1954, and that death occurred at 1:00 A.M., from the causes and on the date stated above.
SIGNATURE Bruce McDonald M.D. ADDRESS Aberdeen Md. DATE SIGNED 12-22-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12/24/1954. | NAME OF CEMETERY OR CREMATORY Grove Presbyterian | LOCATION (City, town, or county) (State) aberdeen Maryland.

DATE REC'D BY LOCAL REGISTRAR 12/27/54 | REGISTRAR'S SIGNATURE Nellie H. R. Perry | 24. FUNERAL DIRECTOR John F. Darring ADDRESS aberdeen md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11569

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11576

Item 9, Film G175 12-2-54 et

CERTIFICATE OF DEATH

Reg. Dist. No. 82

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Forest Hill
LENGTH OF STAY (in this place) 2yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
STREET ADDRESS (If rural give location) Bond St.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ANN (Last) MONKS

4. DATE OF DEATH: (Month) Dec (Day) 11 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Wid | 8. DATE OF BIRTH: Dec. 11, 1875 | 9. AGE last birthday 79 7/8 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Harford Co, Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Wesley Phelps | 14. MOTHER'S MAIDEN NAME: Mary Ann Billingslea

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT & ADDRESS: Chas Monks, Bel Air, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CEREBRAL THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSE (S) DUE TO (B) Chr. hypertensive Cardio-Renal-Vascular Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1942 to Dec 11, 1954, that I last saw the deceased alive on Dec 11 - , 1954, and that death occurred at 10:30 P M, from the causes and on the date stated above.

SIGNATURE Willard P. Hudson M. D. ADDRESS Forest Hill, Md DATE SIGNED 12/12/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12-15-54 | NAME OF CEMETERY OR CREMATORY Rock Spring | LOCATION (City, town, or county) (State) Forest Hill-Harford-Md

DATE REC'D BY LOCAL REGISTRAR 12-12-54 | REGISTRAR'S SIGNATURE Priscilla Fonwood | 24. FUNERAL DIRECTOR ADDRESS Joseph T Forty - Bel Air Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEC 1 -
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11558 CERTIFICATE OF DEATH

Reg. Dist. No. 185 11579

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 716 Otsego Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 716 Otsego Street

3. NAME OF DECEASED: (Type or Print) (First) ALICE (Middle) MAE (Last) PEACO

4. DATE OF DEATH: (Month) 12 (Day) 9 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: March 26, 1893

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months 8 Days 13 IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Havre de Grace, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Jones

14. MOTHER'S MAIDEN NAME: Ellen S. Bowser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: 214-20-4420

17. INFORMANT & ADDRESS: M. William Peaco - 716 Otsego Street Havre de Grace, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) '53X Uremia — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c) Adenocarcinoma of the cecum

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/16, 1954, to 12/9, 1954, that I last saw the deceased alive on 12/9, 1954, and that death occurred at 11:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) George T. Hansbury, M.D. ADDRESS Havre de Grace, Maryland DATE SIGNED 12/10/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec. 12, 1954 NAME OF CEMETERY OR CREMATORY St. James Cemetery LOCATION (City, town, or county) (State) Havre de Grace - Md

DATE REC'D BY LOCAL REGISTRAR Dec. 11 1954 REGISTRAR'S SIGNATURE G. L. Lewis M.D.

24. FUNERAL DIRECTOR Elmer E. Bullock ADDRESS Havre de Grace, Md

VS. A15

RECEIVED
DEC 15 1914
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11571 Reg.-Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre De Grace | LENGTH OF STAY (in this place): 5 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Rural - Darlington
STREET ADDRESS (If rural, give location): R.D. #2

3. NAME OF DECEASED: (First) Joseph (Middle) Howard (Last) Pruitt
4. DATE OF DEATH (Month) December (Day) 11, (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Single	Oct. 31, 1935	19 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Printer	Newstater	Harford Co., Md.	U.S.A.

13. FATHER'S NAME: Arch J. Pruitt
14. MOTHER'S MAIDEN NAME: Mabel Bolt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		Arch J. Pruitt, Darlington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Fracture skull — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: -

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
	45 Route 1	Bel Air Harford Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
12/11/54 5P M.		Auto accident, auto - auto type

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: Lenard C Palmer — M. D. CHIEF MEDICAL EXAMINER / DEPUTY MEDICAL EXAMINER / ~~ASSISTANT MEDICAL EXAM.~~ — DATE SIGNED: 12/11/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-15-54	Baptist View	Harford Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 14-1954	A. L. Lewis M.D.	John H. Harkins	Delta, Pa.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11572

CERTIFICATE OF DEATH

11577

Reg. Dist. No. 18 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Aberdeen
LENGTH OF STAY (in this place) 1 hr 40 Min
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Army Hospital Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE South Carolina — COUNTY Charleston
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charleston
STREET ADDRESS (If rural give location) 2 Doughty

3. NAME OF DECEASED: (Type or Print) (First) KATHLEEN (Middle) Collingwood (Last) QUIN

4. DATE OF DEATH: (Month) Dec (Day) 9 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec 9, 1954

9. AGE last birthday: — yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours / Min. 40

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis DuBase Quin

14. MOTHER'S MAIDEN NAME: Harriott Miller (Johnson)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Father - 2nd Lt Army Army Chemical Center, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Prematurity

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 9, 1954, to Dec 9, 1954, that I last saw the deceased alive on Dec 9, 1954, and that death occurred at 8:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clifton Gordon, Capt. MC ADDRESS U.S. Army Hospital, APG, Md. DATE SIGNED 9 Dec 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/10/54 — NAME OF CEMETERY OR CREMATORY Post Cemetery — LOCATION (City, town, or county) (State) Army Chemical Center Md. Harford Cty

DATE REC'D BY LOCAL REGISTRAR Dec 10 1954 — REGISTRAR'S SIGNATURE Nellie R. Perry

24. FUNERAL DIRECTOR ADDRESS Henry Fanning & Sons Aberdeen Md

VS. A15

20V4866221

REC
DEC 14
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11573

11559

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenarm
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) William (Last) Shipley

4. DATE OF DEATH: (Month) December (Day) 31 (Year) 1954

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married | 8. DATE OF BIRTH: Jan 12 1883 | 9. AGE last birthday: 71 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Army 1st Sgt. | 10b. KIND OF BUSINESS OR INDUSTRY: Night Watchman | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Joseph Shipley | 14. MOTHER'S MAIDEN NAME: Mary E Trail

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No | 16. SOCIAL SECURITY NO.: 212-14-3490 | 17. INFORMANT AND ADDRESS: Mr Earl Shipley Belair Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic C.V.D

(c) Gastro-intestinal hemorrhage

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-27, 1954, to 12-31, 1954, that I last saw the deceased alive on 12-31, 1954, and that death occurred at 12:50 P. m., from the causes and on the date stated above.

SIGNATURE: M. K. Goode (Degree or title) | ADDRESS: Havre de Grace Md | DATE SIGNED: 12-31-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 1/3/55 | NAME OF CEMETERY OR CREMATORY: St Michaels Luth. Cem | LOCATION (City, town, or county): Balto. | (State): Md

DATE REC'D BY LOCAL REG.: 1-3-55 | REGISTRAR'S SIGNATURE: A W Redmond | 24. FUNERAL DIRECTOR: Lassahn Funeral Home | ADDRESS: 7401 Belair Rd

Items 3, 8, 13; film G 175 1-12-55 L
Item 21 Film G [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — 12017 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 97

1. PLACE OF DEATH:
COUNTY Harford 11578 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. #40, Opposite Bush River Inn

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New York COUNTY Unk.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Kingston
STREET ADDRESS (If rural, give location) 50 Shufeldt St.

3. NAME OF DECEASED: (Type or Print) (First) AUGUSTUS (Middle) WAKERHAGER (Last) SHUFELDT, JR.

4. DATE OF DEATH (Month) Dec (Day) 28 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	single	December 24, 1932	22 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Unknown	U. S. Navy	Kingston, New York	USA

13. FATHER'S NAME: AUGUSTUS WAKERHAGER SHUFELDT (deceased)

14. MOTHER'S MAIDEN NAME: BETTY SMITH LASHURE (Maiden name SMITH)

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes Unknown	131 26 5228	Information obtained from papers found in deceased possession

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

816 X
Immediate cause (a) Fracture Cervical Vertebrae — DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture Left humerus; Fracture Left clavicle

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Rt. #40	21c. (City or town) Aberdeen	(County) Harford	(State) Md.

21d. TIME (Month) (Day) (Year) OF INJURY Dec 28, 1954	(Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR? Aut. accident, auto-auto type

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald E Palmer M. D.
~~CHIEF MEDICAL EXAMINER~~ ☐
DEPUTY MEDICAL EXAMINER ☒
~~ASSISTANT MEDICAL EXAM.~~ ☐
DATE SIGNED 12-29-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal & Burial	12-30-54	Wiltwyck Cemetery	Kingston, New York

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
12-29-54	Dorothy B. Brandt	H. G. Rittenhouse & Son	Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11574/

11560 CERTIFICATE OF DEATH Reg. Dist. No. 18

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY (in this place)
TOWN Havre de Grace
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN Havre de Grace Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) S (Last) Standiford

4. DATE OF DEATH: (Month) Dec. (Day) 31, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: June 14 1883

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Harford Co, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Starr

14. MOTHER'S MAIDEN NAME: Georgina Osborne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S ADDRESS: Mrs. Graham Standiford Havre De Grace, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Accident — Interval between Onset and Death: 6 mo.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c) Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/20, 1954, to 12/30, 1954, that I last saw the deceased alive on 12/18, 1954, and that death occurred at 12:45 Am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Malcolm Dudley Phillips MD ADDRESS Darlington DATE SIGNED 12/31/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan. 3 1955 NAME OF CEMETERY OR CREMATORY Rock Run Cem. LOCATION (City, town, or county) Harford Co. (State) Md. ADDRESS

DATE REC'D BY LOCAL REGISTRAR Jan 2. 1955. REGISTRAR'S SIGNATURE Bertha B. Knight.

24. FUNERAL DIRECTOR H. S. Bailey Darlington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11575

11579

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Harford — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewood R.D. — LENGTH OF STAY (in this place): 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewood R.D.
STREET ADDRESS (If rural, give location): Van Bibber

3. NAME OF DECEASED (Type or Print): (First) Jeremiah (Middle) J. (Last) Sullivan

4. DATE OF DEATH: (Month) Dec. (Day) 16 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 3, 1865

9. AGE last birthday: 90 yrs.

If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Harford Co., Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jeremiah Sullivan

14. MOTHER'S MAIDEN NAME: Mary K. O'Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Katherine Hooker, Edgewood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Fracture hip rt - debility.	5 WEEKS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility - Arterio sclerosis with	1 year
	(c) Cardiac Decompensation.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov 6, 1954

19b. MAJOR FINDINGS OF OPERATION: Fracture hip, rt.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ACCIDENT

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): HOME — (CITY OR TOWN): Near Van Bibber — (COUNTY): Harford — (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): November 4, 1954 1:30 P.M.

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR? Walking into house, slipped and fell

22. I hereby certify that I attended the deceased from Nov. 5, 1954, to Dec. 16, 1954, that I last saw the deceased alive on Dec. 15, 1954 and that death occurred at 3:45 A.m., from the causes and on the date stated above.

SIGNATURE: Philip W. Hamman — (Degree or title): M.D — ADDRESS: 307 Hickory, Bel Air, Md — DATE SIGNED: Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE THEREOF: Dec. 18, 1954 — NAME OF CEMETERY OR CREMATORY: St. Francis — LOCATION (City, town, or county) (State): Abingdon, Harford, Maryland.

DATE REC'D BY LOCAL REG.: Dec 18 1954 — REGISTRAR'S SIGNATURE: Maurice Mordsdale

24. FUNERAL DIRECTOR — ADDRESS: Howard K. Mc Comas & Son, Abingdon, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11576

11580 CERTIFICATE OF DEATH

Reg. Dist. No. 130

Items 1,2,7,Film 175 1-2 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Harford — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air R.D.

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Harford

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air R.D.

STREET ADDRESS (If rural give location): Emmorton

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
SAMUEL	O	TEMPLE	DEC	27	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	BIRTH 1876	78 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Mason	Stone & Brick	Emmorton, Harford Co., Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Samuel A. Temple	Mary A. Magness

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	212-16-5489	Taylor Temple, Bel Air, R.D. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
Immediate cause	(a) ACUTE CARDIAC FAILURE	2 MINUTES
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) CONGESTIVE HEART FAILURE	1 YEARS
	DUE TO (c) [illegible]	2 YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 1953, to 27 Dec. 1954, that I last saw the deceased alive on 27 Dec., 1954, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible] M.D.		[illegible]	28 Dec 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)	ADDRESS
Burial	Dec. 30, 1954	Mt. Carmel	Emmorton, Harford, Md.	

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 30, 1954	Norma B. Moore Deputy Reg.	Howard K. [illegible] Comas & Son,	Abingdon, Md.

VS. A15

11581

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11527 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood Rural Route 7
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Fountain Green Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Russell	M	Tharp	Dec	7	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	Aug 18-1910	44 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Public Water Works Laying Pipes
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jacock W. Va
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles Tharp
14. MOTHER'S MAIDEN NAME: Nellie Morrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 233-28-2503
17. INFORMANT & ADDRESS: Mrs Rosie Osborne Tharp Bel Air Md (2)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Fracture Cervicle Vertebra
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Rte 7
21c. (City or town) Edgewood (County) Harford (State) Md
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12/7/54 4 P M.
21e. INJURY OCCURRED While at work ☒ Not while at work ☐
21f. HOW DID INJURY OCCUR? Auto accident, auto into tree

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Harold L Pyles M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 12/7/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 10/54	Bel Air Memorial Gardens	Bel Air Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 10, 1954	Marie M Mumbolo	Joseph T Fritz	Bel Air Md

VS. A15A - 5 - 53

RECEIVED
DEC 1
BUREAU V. S.

11582

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 1152

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Harford MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Aberdeen; LENGTH OF STAY (in this place) 20 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS aberdeen R.D.#1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural Aberdeen; STREET ADDRESS (If rural, give location) aberdeen R.D.#1

3. NAME OF DECEASED: (Type or Print) (First) Garfield (Middle) Wagner (Last) Warden

4. DATE OF DEATH (Month) Dec. (Day) 7 (Year) 19 54

5. SEX:	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	June 6, 1900	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	N.C.	U.S.A.

13. FATHER'S NAME: Franklin Warden

14. MOTHER'S MAIDEN NAME: Fanny Brogan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No:	17. INFORMANT & ADDRESS:
—	—		Mrs. Verna Halsey Warden, aberdeen R.D.#1 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arterio sclerotic C V disease — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ... DUE TO (c) ...

INTERVAL BETWEEN ONSET AND DEATH: —

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Ezra C Paine M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 12/5/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	12-9-54	New Hope	Alleghany Co. N.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 6-1954	Nellie G. Perry	H. Madison Mitchell	Havre de Grace, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11579

11561

CERTIFICATE OF DEATH

Reg. Dist. No. 1-80

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 6 Fenway

3. NAME OF DECEASED (Type or Print) (First) Infant (Middle) — (Last) Warfield

4. DATE OF DEATH (Month) December (Day) 29 (Year) 1954

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 12-19-54

9. AGE Last birthday ____ yrs. If under 1 year Months ____ Days 9½ If under 24 hrs. Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY Infant.

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Hannibal Warfield

14. MOTHER'S MAIDEN NAME Bernice Haines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Infant

17. INFORMANT AND ADDRESS Hospt. Records, Havre de Grace Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ~~Congenital~~ Prematurity — Interval between onset and death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital Syphilis — 9 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/19/54, 1954, to 12/29/54, 1954 that I last saw the deceased alive on 12/29/54, 1954 and that death occurred at 1:05 A m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED 12-29-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 12/30/54

NAME OF CEMETERY OR CREMATORY Union M.E. Cemetery

LOCATION (City, town, or county) Aberdeen (State) Md.

DATE REC'D BY LOCAL REG. Dec. 29-54

REGISTRAR'S SIGNATURE A. L. Lewis M.D.

24. FUNERAL DIRECTOR John G. Tarring ADDRESS Aberdeen Md.

20 14346 295

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11583

CERTIFICATE OF DEATH

Reg. Dist. No. 12059/82

Item 4, Film 0175 1-13-55 et

1. PLACE OF DEATH:
COUNTY Harford
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Darlington
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) H. (Middle) Kenton (Last) Whiteford

4. DATE OF DEATH: (Month) Dec (Day) 1 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 16 1877

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired

10b. KIND OF BUSINESS OR INDUSTRY: Tobin Maker

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Hugh Clay Whiteford

14. MOTHER'S MAIDEN NAME: Sallie Prigg

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: No

17. INFORMANT & ADDRESS: Mrs H. Kenton Whiteford Darlington, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Cerebral Thrombosis	7 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Congestive Heart Failure due to	2 yrs
	DUE TO (c) Senile Generalized Arteriosclerosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Carcinoma of Stomach	2 yrs

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July ..., 1953, to Dec 1 ..., 19 54, that I last saw the deceased alive on Nov 30, 1954, and that death occurred at 9 Am, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Malcolm Dudley Phillips MD Darlington 12/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

Burial Dec 4 1954 Darlington Cem Harford Co. Md.

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

Dec 2, 1954 C. H. Kirk H. S. Bailey Darlington, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Item 8, Film G174, 12/10/54 dcy

11562

Item 18, Film G175 12-21-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 115

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Hanford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notre Dame — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hanford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W.Va., COUNTY Raleigh
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Beckley
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) JACK (Middle) E. (Last) WILLIAMS

4. DATE OF DEATH (Month) Dec (Day) 4 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): seperated

8. DATE OF BIRTH: Feb. 2, 1921

9. AGE last birthday: 33 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Erector

10b. KIND OF BUSINESS OR INDUSTRY: Porcelain Enamel

11. BIRTHPLACE (State or foreign country): Tenn.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Earl Williams

14. MOTHER'S MAIDEN NAME: Harriet Hatfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W.W. II

16. SOCIAL SECURITY NO.: 234-10-7451

17. INFORMANT & ADDRESS: Howard N. Williams, 846 Eaveshaven Ave., Balto., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

81-X

Immediate cause (a) Fracture cervicle vertebra

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Auto accident

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 45 Route 43

21c. (City or town) Edgewood (County) Hanford (State) Md.

21d. TIME OF INJURY (Month) December (Day) 4 (Year) 54 (Hour) 1A M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Auto accident auto - pedestrian type

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 12/14/54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF Dec. 6, 1954

NAME OF CEMETERY OR CREMATORY Rose Funeral Home

LOCATION (City, town, or county) (State) Beckley, Raleigh, W.Va.,

DATE REC'D BY LOCAL REG. DEC. 8-1954

REGISTRAR'S SIGNATURE A. L. Lewis M. D.

24. FUNERAL DIRECTOR Howard K. Mc Comas & Son, Abingdon, Md.,

ADDRESS

RECEIVED
DEC 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11581

11563

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
STREET ADDRESS (If rural, give location) 1095 3rd St.

3. NAME OF DECEASED (Type or Print) (First) Esther (Middle) W. (Last) Wright

4. DATE OF DEATH (Month) December (Day) 12 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 6-28-06
9. AGE last birthday 49 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Arthur Monahan
14. MOTHER'S MAIDEN NAME Mary Cody

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Walter J. Wright, Perry Point, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Insufficiency

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Coronary Thrombosis
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 54, to Dec 12, 19 54, that I last saw the deceased alive on Dec 12, 19 54, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Coroner & Funeral Dir.
ADDRESS 410 Union Ave Havre de Grace
DATE SIGNED 12/13/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-15-1954
NAME OF CEMETERY OR CREMATORY Mt. Erin
LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. Dec. 14-1954
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Lee A. Patterson & Son
ADDRESS Perryville, Md.

RECEIVED
DEC 20 1954
BUREAU V. S